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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

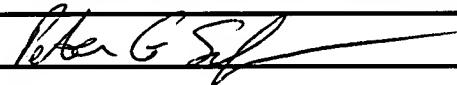
Total Number of Pages in This Submission

7

Application Number	09/703,253
Filing Date	Oct 31, 2000
First Named Inventor	Harras
Art Unit	1647
Examiner Name	R. Landsman
Attorney Docket Number	LEX-0081-USA

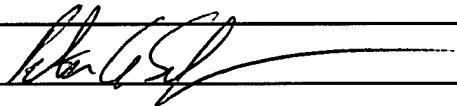
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard Exhibits A-C (4 pages)
<input type="checkbox"/> Remarks Customer # 24231		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Peter G. Seferian, Agent for Lexicon Pharmaceuticals, Inc.		
Signature			
Printed name	Peter G. Seferian		
Date	July 23, 2007	Reg. No.	40,162

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Peter G Seferian	Date	July 23, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax **(571) 273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee and publications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24231

LEXICON PHARMACEUTICALS, INC.
8800 TECHNOLOGY FOREST PLACE
THE WOODLANDS, TX 77381-1160

07/31/2007 EAYALEW2 00000047 500892 09703253

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 24.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Peter G. Seferian	(Depositor's name)
	
(Signature)	
06/13/2007	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09703,253	10/31/2000	Marie Harris	LEX-0081-USA	1776

TITLE OF INVENTION:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1400	\$300	\$1700	06/14/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lexicon Pharmaceuticals, Inc.

2 Lance K. Ishimoto

3 Peter G. Seferian

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LEXICON PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE WOODLANDS, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 8

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0892 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Peter G. Seferian

Date 06/13/2007

Typed or printed name Peter G. Seferian

Registration No. 40,162

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Harras, *et al.*

Group Art Unit: 1647

Application No.: 09/703,253

Examiner: R. Landsman

Filed: 10/31/2000

Title: Sequences Encoding Human ATP-binding
Cassette Transporter Proteins (as Amended) Atty. Docket No. LEX-0081-USA

**PETITION TO WITHDRAW A HOLDING OF
ABANDONMENT UNDER 37 CFR § 1.181**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Applicants acknowledge the receipt of the Notice of Abandonment (the Notice) mailed on July 11, 2007 (Paper No. 0). This Notice alleges that Applicants failed to pay the issue fee and publication fee in for Application No. 09/703,253, the above case. However, Applicants paid these fees on June 13, 2007 by facsimile transmission of form PTOL-85 with authorization for withdrawal of fees from Applicants deposit account to (571) 273-2885, as directed at the top of form PTOL-85. As evidence of this timely transmission of fee payment, Applicants herein include a photocopy of the following: as Exhibit A the fee transmission cover sheet and the PTOL-85 form submitted; as Exhibit B the confirmation that the transmission was sent to the PTO; and as Exhibit C the Auto-Reply Facsimile Transmission from the PTO evidencing receipt of the fee transmission.

In light of these documents it becomes apparent that Applicants submitted authorization for payment of issue fee and publication fee in the above named application (09/703,253) on June 13, 2007 and that the PTO received this authorization. Applicants therefore respectfully request a withdrawal of the holding of abandonment for the presently abandoned application in accordance with 37 CFR § 1.181.

Applicants believe no fees are due in association with this Petition to Withdraw a Holding of Abandonment. However, if this is incorrect the Commissioner is authorized to charge any required fees or credit any overpayment to Deposit Account No. 50-0892.

Respectfully submitted,

July 23, 2007

Date

Peter G. Seferian Reg. No. 40,162

Agent for Applicants
LEXICON PHARMACEUTICALS, INC.
(281) 863-3110

Customer # 24231



Lexicon

pharmaceuticals

EXHIBIT A

Lexicon Pharmaceuticals, Inc. * 8800 Technology Forest Place * The Woodlands, TX 77381-1160
Tel (281) 863-3000 * Fax (281) 863-8088 * Toll Free (800) 578-1972 * Internet www.lexpharma.com

FAX COVER SHEET

To: Issue Fee

Company Name: USPTO

Company Phone No.: _____

Fax Number: 571-273-2885

From: Peter G. Seferian, Reg. No. 40,162

Date: June 13, 2007

No. of Pages (including cover page): 2

Urgent XX For Review Please Comment Please Reply Please Recycle

MESSAGE

Enclosed please find the fee transmittal form for

US Application Serial Number: 09/703,253

Filing date: 10/31/2000.

Attorney Docket Number: LEX-0081-USA

Examiner: Landsman, Robert S.

Art Unit 1647

Class-Subclass: 435-069100

Thank you - PGS

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***** -COMM. JOURNAL- ***** DATE JUN-13-2007 ***** TIME 11:06 *****

EXHIBIT B

MODE = MEMORY TRANSMISSION

START=JUN-13 11:04 END=JUN-13 11:06

FILE NO.=957

STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	8	915712732885	002/002	00:00:48

-LEXICON GENETICS INC -

***** -281 893 3335 - ***** 281 863 3335- *****



Lexicon Pharmaceuticals, Inc. * 8800 Technology Forest Place * The Woodlands, TX 77381-1160
Tel (281) 863-3000 * Fax (281) 863-8088 * Toll Free (800) 578-1972 * Internet www.lexpharma.com

FAX COVER SHEET

To: Issue Fee

Company Name: USPTO

Company Phone No.:

Fax Number: 571-273-2885

From: Peter G. Seferian, Reg. No. 40,162

Date: June 13, 2007

No. of Pages (including cover page): 2

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MESSAGE

Enclosed please find the fee transmittal form for ✓

US Application Serial Number: 09/703,253
Filing date: 10/31/2000.
Attorney Docket Number: LEX-0081-USA
Examiner: Landsman, Robert S.
Art Unit 1647
Class-Subclass: 435-069100

Thank you - PGS

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O: Auto-Reply fax to 281 863 3335 COMPANY:

EXHIBIT C



Auto-Reply Facsimile Transmission

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Fax Information

Date Received:

Total Pages:

6/13/2007 12:05:54 PM [Eastern Daylight Time]

2 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

JUN-13-2007 11:05	LEXICON GENETICS INC	281 863 3335	P.01
 Lexicon pharmaceuticals			
Lexicon Pharmaceuticals, Inc. • 8800 Technology Forest Place • The Woodlands, TX 77381-1160 Tel (281) 863-3000 • Fax (281) 863-8088 • Toll Free (800) 578-1972 • Internet www.lespharma.com			
FAX COVER SHEET			
To: <u>Issue Fee</u>			
Company Name: <u>USPTO</u>			
Company Phone No.: _____			
Fax Number: <u>571-273-2885</u>			
From: <u>Peter G. Seferian, Reg. No. 40,162</u>			
Date: <u>June 13, 2007</u>			
No. of Pages (including cover page): <u>2</u>			
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MESSAGE			
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Thank you - PGS			

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